

DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions.



2009 FORM MO-PTC

AMENDED CLAIM

MISSOURI DEPARTMENT OF REVENUE

PROPERTY TAX CREDIT CLAIM

VENDOR
CODE 000

| | | | |
|----------------------|------------------|--|---|
| SOCIAL SECURITY NO. | | SPOUSE'S SOCIAL SECURITY NO. | |
| LAST NAME | | FIRST NAME | INITIAL JR, SR |
| BIRTHDATE MM DD YY | TELEPHONE NUMBER | | DECEASED 2009 <input type="checkbox"/> |
| SPOUSE'S LAST NAME | | FIRST NAME | INITIAL JR, SR |
| BIRTHDATE MM DD YY | | DECEASED 2009 <input type="checkbox"/> | IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) |
| PRESENT HOME ADDRESS | | APT. NUMBER | CITY, TOWN, OR POST OFFICE STATE ZIP CODE |

| | | |
|----------------|--|---|
| QUALIFICATIONS | You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included with claim. | |
| | <input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.) | <input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) |
| | <input type="checkbox"/> B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) | <input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.) |
| | | |

| | | |
|---------------|---|---|
| FILING STATUS | <input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year | If married filing combined, you must report both incomes. |
|---------------|---|---|

| | | | |
|---|--|----|------|
| Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! | | | |
| HOUSEHOLD INCOME | 1. Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099. | 1 | 00 |
| | 2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc. | 2 | 00 |
| | 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB/1099-R (Tier II). | 3 | 00 |
| | 4. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veterans Affairs. | 4 | 00 |
| | 5. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. | 5 | 00 |
| | 6. TOTAL household income — Add Lines 1 through 5. | 6 | 00 |
| | 7. Mark the box that applies and enter the appropriate amount. <input type="checkbox"/> a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; <input type="checkbox"/> b. Enter \$2,000 if you rented or did not own your home for the entire year; <input type="checkbox"/> c. Enter \$4,000 if you owned and occupied your home for the entire year; | 7 | - 00 |
| | 8. Net household income — Subtract Line 7 from Line 6 and enter the amount; mark the box that applies. <input type="checkbox"/> a. If you rented or did not own and occupy your home for the entire year , Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. <input type="checkbox"/> b. If you owned and occupied your home for the entire year , Line 8 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim. | 8 | 00 |
| REAL ESTATE TAX / RENT PAID | 9. If you owned your home, enter the total amount of property tax paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification. | 9 | 00 |
| | 10. If you rented, enter amount from Form MO-CRP(s), Line 9. Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not provide rent receipts or statement. NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. | 10 | 00 |
| | 11. Add Lines 9 and 10. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less. | 11 | 00 |
| CREDITS | 12. You must use the chart on pages 13-15 to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit. Note: Renters - maximum allowed is \$750. Owners - maximum amount allowed is \$1,100. | 12 | 00 |

| | | | | |
|-----------|---|-------------------|---------------------------------|--------------------|
| SIGNATURE | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. | | | |
| | I authorize the Director of Revenue or delegate to discuss my claim and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO | | PREPARER'S PHONE | |
| | SIGNATURE | DATE | PREPARER'S SIGNATURE | FEIN, SSN, OR PTIN |
| | SPOUSE'S SIGNATURE | DAYTIME TELEPHONE | PREPARER'S ADDRESS AND ZIP CODE | DATE |

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2009

2009
FORM
MO-CRP

**Failure to provide landlord
information will result in denial
or delay of your claim.**

| | | | | | |
|--|----------------------|---------------------------------|---|--|-------------|
| 1. SOCIAL SECURITY NUMBER | | SPOUSE'S SOCIAL SECURITY NUMBER | | ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN. | |
| 2. NAME | | | 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED) | | |
| PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BOX NOT ALLOWED) | | APT. NUMBER | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED) | | APT. NUMBER |
| CITY, STATE, AND ZIP CODE | | | | 4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) () - - - - - | |
| 5. RENTAL PERIOD DURING YEAR | FROM: MONTH DAY YEAR | TO: MONTH DAY YEAR | | | |
| | 2009 | | 2009 | | |
| 6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . . NOTE: If you rent from a facility that does not pay property taxes, you are not eligible for a Property Tax Credit. | | | | | 6 00 |
| 7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) | | | | | |
| 8. Net rent paid — Multiply Line 6 by the percentage on Line 7. | | | | | 8 00 |
| 9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS. | | | | | 9 00 |

MO 860-1089 (02-2010)

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| | | | | | 7 | % |
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